



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
ROAD TOLL BUREAU
33 HAZEN DRIVE, CONCORD, NH 03305
TELEPHONE: (603) 271-2311

FOR OFFICIAL USE ONLY

License No.: _____
Date Issued: _____
By: _____
Cancelled: _____
By: _____

APPLICATION FOR MOTOR FUEL DISTRIBUTOR LICENSE

FEIN NUMBER: _____ SSN: _____

NAME: _____ TELEPHONE NO. _____

ADDRESS: _____
NO. AND STREET CITY/TOWN STATE ZIP

CONTACT NAME: _____ EMAIL _____

LOCATION WHERE RECORDS WILL BE AVAILABLE FOR AUDIT:

ADDRESS: _____
NO. AND STREET CITY/TOWN STATE ZIP

NAMES, TITLES AND RESIDENT ADDRESSES OF PRINCIPAL OFFICERS:

NAME:	TITLE:	NUMBER & STREET:	CITY/TOWN:	STATE:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ COMPANY ☐ OTHER _____

(PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION)

↓ FOR OFFICIAL USE ONLY ↓

SECRETARY OF STATE _____ INSURANCE COMMISSIONER _____
DATE BY DATE BY

BOND AMOUNT \$ _____ TYPE _____ EFFECTIVE _____ CANCELLED _____

REMARKS:

Estimated monthly gallonage imported into New Hampshire: _____ Gallons

Do you currently hold a Motor Fuel Distributor License in any other New England State? Yes ☐ No ☐

If answer is "Yes", please list the states and license numbers: _____

NEW HAMPSHIRE LOCATED BULK STORAGE FACILITIES*

Tank Location (Street, City/Town)	Capacity	Owned Or Leased

SIGNED BY: _____ TITLE: _____

FOR (APPLICANT): _____

* Per SAF-C 302.01, (a), (16): "Storage facility" means a permanently affixed, enclosed space, used for the accumulation and subsequent distribution of motor fuel at the wholesale level. Storage facility does not include any product contained in a facility that is attached to a pump used for retail sale to the public.."